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PTO/SB/01 (12-97)
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		Attorney Docke	t Number	98-529	5			
DECLARATION FOR UTILIT	First Named In	ventor	J.T. Lin					
DESIGN PATENT APPLICATION		COMPLETE IF KNOWN						
(37 CFR 1.63)	Application Nun	nber	/					
(6. 5.1.1.)		Filing Date						
☐ Declaration ☐ Declaration ☐ Submitted a	fter Initial	Group Art Unit						
with Initial Filing (surch Filing (37 CFR 1.1 required)	arge	Examiner Name	9					
As a below named inventor, I hereby decia	are that:							
My residence, post office address, and citizer								
i believe I am the original, first and sole inven names are listed below) of the subject matter	itor (if only o	ne name is listed below imed and for which a pa) or an original, atent is sought	, first and joint inve on the invention er	ntor (if plural ititled:			
TREATMENT OF PRESBYO								
A DUAL-LASER SCANNING SYSTEM								
the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
was filed on (MM/DD/YYYY)		·		- Cattori Manipor Cr.	- -1			
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under certificate, or 365(a) of any PCT international America, listed below and have also identified l or of any PCT international application having a	application	willcit designated at le	ast one count	for natent or inve	ent or inventor's United States of ntor's certificate,			
Prior Foreign Application Number(s) Country			Priority Not Claime		opy Attached? NO			
Hamberton		(MM/DD/YYYY)	0000	0000				
Additional foreign application numbers are	listed on on	upplomental priority da	ta sheet PTO/S	SB/02B attached he	ereto:			
Additional foreign application numbers are 1 hereby claim the benefit under 35 U.S.C. 1	19(e) of any	United States provision	al application(s) listed below.				
Application Number(s) F	iling Date	(MM/DD/YYYY)	Add	ditional provision mbers are listed oplemental priori	on a			

PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







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DECLARATION — Utility or Design Patent Application

United States of United States of United States	of America r PCT Inte	, listed below a ernational applic erial to patental	ano, inso cation in t cility as c	f any United Sta ofar as the subject the manner providefined in 37 CF of this application	rided by the R 1.56 w	- first	50100100	h of 25 H C C	. 112, I a en the f	acknowl iling dat	edge the duty t e of the prior a	o disclose application
u.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
Additional	U.S. or PC	CT international	applicat	ion numbers are	listed on	a supp	olementa	priority data s	sheet PT	O/SB/0	2B attached he	reto.
As a named inv	entor, I he	reby appoint th	e followin	ng registered pra		s) to p	osecute	this application	n and to	transac	t all business in Place Custor	ner
and Trademark	Office con	inected therew		Customer Numb OR	per	Number Bar Code					Code	
			<u> </u>	Registered prac		s) name/registration number listed below Label here Registration						
	Name			Registi Num			Name		e		Num	
Willia		Hobby, I	II	24,167								
Additional	registered	practitioner(s)	named o	n supplemental	Registere	d Prac	titioner Ir	nformation she	et PTO/	SB/02C	attached heret	o.
Direct all correspondence to: Customer Number or Bar Code Label					OR Correspondence address below							
Name William M. Hobby, III												
Address 157 E. New England Avenue, Suite 375												
Address	· .	<u></u>	:									
City	Winte	er Park			_ 5	State FL ZIP		32	32789			
Country	U.S.	Α		Telephor				544-8888 Fax			(407) 645-3200	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
	Name of Sole or First Inventor: A petition has been filed for this unsigned inventor								ntor			
Given Name (first and middle [if any])						Family Name or Surname						
	.т.	1 /				Lin						
Inventor's Signature			K~		,	Date			Date	11/6/98		
Residence:	City	Winter	Sprir	ngs State	FL		Country	U.S.	<u>A.</u>		Citizenship	U.S.
Post Office	Address	730 W	illov	v Run Lan	e							
Post Office	Address			_							Τ	
City		Winter Springs	State		ZI		3270			untry	U.S.	
Additions	l invento	rs are being	named (on the su	ıpplemei	ntal A	dditiona	Inventor(s)	sheet(s) PTO	/SB/02A attac	ched heret

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STATEMENT CLAIMING SMALL ENTITY STATUS Docket Number (Optional)

Applicant, Patentee, or Identifier: J.T. Lin Application or Patent No.:							
Application or Patent No :							
Application of Fateritino							
Filed or Issued:							
TREATMENT OF PRESBYOPIA AND OTHER EYE DISORDERS USING A DUAL-LASER SCANNING SYSTEM	3						
As a below named inventor, I hereby state that I qualify as an independent inventor as defin for purposes of paying reduced fees to the Patent and Trademark Office described in:	ned in 37 CFR 1.9(c)						
x the specification filed herewith with title as listed above.							
the application identified above.							
the patent identified above.							
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).							
Each person, concern, or organization to which I have assigned, granted, conveyed, or lice obligation under contract or law to assign, grant, convey, or license any rights in the invent	ensed or am under an ion is listed below:						
X No such person, concern, or organization exists.							
Each such person, concern, or organization is listed below.							
Separate statements are required from each named person, concern, or organization having stating their status as small entities. (37 CFR 1.27)	rights to the invention						
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))							
J.T. Lin NAME OF INVENTOR NAME OF INVENTOR NAME OF	FINVENTOR						
Signature of inventor Signature of inventor Signature of inventor	of inventor						